



KNOWING SIGNS, SYMPTOMS AND BEHAVIORS CAN PUT A STOP TO SUICIDES

V Corps Safety Office release

Take a look at these common myths about suicide, and get the facts:

MYTH: Suicidal people are crazy.

FACT: Most suicidal persons are not crazy.

MYTH: All suicidal people want to die, and there is nothing that can be done about it.

FACT: Most suicidal people are undecided about living or dying. They may gamble with death, leaving it to others to rescue them. Frequently they call for help before and after a suicide attempt.

MYTH: People who talk about suicide rarely attempt or commit suicide.

FACT: Nearly 80 percent of those who attempt or commit suicide give some warning of their intentions. When someone talks about committing suicide, they may be giving a warning that should not be ignored.

MYTH: Once a person is suicidal, he is suicidal forever.

FACT: Most suicidal people are that way for only a brief period in their lives. If the person receives the proper assistance and support, he will probably never be suicidal again. Only about 10 percent of those who attempt suicide later complete the act.

MYTH: Improvement following a suicidal crisis means the risk is over.

FACT: Many suicides occur within 90 days after the beginning of “improvement,” when they seem to have the energy to act on morbid thoughts and feelings. The desire to escape life may be so great that the idea of suicide represents relief from a hopeless situation.

MYTH: Talking to someone about suicidal feelings will cause them to commit suicide.

FACT: Talking to someone about their suicidal feelings usually makes the person feel relieved that someone finally recognized their emotional pain and they feel safer talking about it.

Whatever the reason, tens of thousands of Americans attempt or commit suicides every year. According to the U.S. National Vital Statistics Report, there is a suicide every 18 minutes in America – meaning that more Americans kill themselves than are killed by others. Between 1952 and 1995, the incidence of suicide among adolescents and young adults tripled, making it the leading cause of death among young people. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.

In addition, more than 700,000 people attempt suicide each year. A National Hospital Ambulatory Medical Care survey found that more than 1,900 Americans visit emergency rooms each day as a result of self-inflicted injury.

About 150 U.S. servicemembers commit suicide every year. During the 1990s, 803 Soldiers died from suicide-- the equivalent of a Battalion Task Force. From 1990 to 2001, suicide was the third leading cause of death in the Army; only accidents and all forms of illnesses combined took more Soldiers' lives.

Suicide has a direct impact on families, units, friendships and communities, and there is no "typical profile" for the suicidal. All kinds of people -- young, old, rich, poor, male, female, officers, NCOs, enlisted Soldiers and civilian employees of every race and every creed are prone to taking their own lives.

Why do people contemplate suicide? There is no simple answer.

Usually, the emotional upset is so great that the person "just wants to stop the pain." The suicidal person feels a tremendous sense of loneliness and isolation. They feel helpless, hopeless, and worthless.

Those feelings are often instigated by major life events, such as:

- Poor job performance/evaluation
- Being passed over for promotion or advanced schooling
- Failed relationships
- Death of a loved one
- Sickness and illness
- Financial problems

- Facing UCMJ or other legal charges
- Loss of “support systems” or “emotional safety”
- The compounding and disorienting effects of drugs and/or alcohol
- Renewal of bonding with family upon return from long field training or an isolated tour
- Leaving old friends
- New military assignments
- Loss of self-esteem/status
- Humiliation/rejection
- Being alone with concerns about self and family
- Suicide of a friend or family member
- Discharge or retirement

Emotional dejection and withdrawal is often associated with suicide. Sadness and an occasional “case of the blues” are normal emotions. However, depression, an abnormal emotional state, is a profound sadness which is present nearly everyday for at least two weeks. In 75 to 80 percent of all suicides, depression is a contributing factor.

Some characteristic warning signs of depression include:

- A sadness that’s greater and more prolonged than usual
- Feelings of being helpless, hopeless or worthless
- Feelings of self-reproach or excessive guilt
- Significant change in appetite and/or weight gain or loss
- A change in sleep habits
- Behavioral agitation or a slowing of movement
- Loss of interest or pleasure in usual activities or decrease in sexual drive

- Loss of energy, fatigue
- Complaints or evidence of diminished ability to think or concentrate
- Withdrawal from family and friends
- Drastic mood swings or other sudden changes in behavior

Another myth is that no one knows if a person might commit suicide until he commits an overt act. The truth is that most suicidal people give clues. Those clues may be verbal or written direct, overt indications, or more indirect or camouflaged clues.

A suicidal person might give direct clues by engaging in behavior ranging from self-destructive acts or actual attempts to harm but not kill himself to actual suicide attempts. Or they might appear in comments such as:

- "I'm going to kill myself"
- "I'm going to commit suicide"
- "I want to end it all"
- "I want to die"

More indirect verbal cues that a person is suicidal can be seen in pessimistic, cynical behavior or in someone who wears a sad expression, sighs frequently and makes comments such as:

- "I'm tired of life"
- "Who cares if I'm dead anyway"
- "I can't go on anymore"
- "You'd be better off without me"

And there are clues that are even more deeply camouflaged clues. The suicidal person might act pessimistic about the future and make such expressions such as:

- "Soon I won't be around."
- "Soon you won't have to worry about me any more."
- "Goodbye. I won't be here when you return."

But the clues to a potential suicide attempt aren't just found in words. There are some behavioral clues to watch for as well. They include:

- Buying a firearm
- Stockpiling pills
- Putting affairs in order
- Sudden interest in wills, funerals, and life insurance
- Selling or giving away possessions
- Visits to sick call when not sick
- Frequent illness
- Excessive weight loss or gain
- Drug or alcohol abuse
- Family or relationship problems
- Chronic absenteeism or tardiness
- Decreasing job performance
- Financial problems
- A confrontation with an important person
- Neglect of appearance and hygiene
- Increasing isolation
- Themes of death in writing and artwork
- Depression

Some people are more at-risk for suicide attempts than others. They include people who have:

- Problems with their families, relationships, jobs, finances or the Army
- Made previous suicide attempts
- Experienced the recent suicide of a friend or relative
- Threatened suicide

If you see indications of suicidal behavior in a person, there are some things you should definitely NOT do. They include:

- Don't leave the person alone or send the person away
- Don't overact or act shocked by anything he says
- Don't explore all of the details of the situation; get enough information to express your care, concern, and willingness to listen non-judgmentally
- Don't rush -- just trying to establish contact and get the person to someone who can help. Don't try to completely resolve the crisis
- Don't minimize the person's concerns with comments such as, "This is not worth killing yourself over." But acknowledge your concern: "I see this is very upsetting to you and I want to get help for you."
- Don't discount or make light of the suicidal threat: "You don't really want to kill yourself."
- Don't argue whether suicide is right or wrong.
- Don't preach or moralize: "You have everything to live for." The issue is the problem or bind the person feels he is in, not life and death per se
- Don't challenge or get into a power struggle. Let him know you will do everything you can to get help right now, but ultimately he has control over his decision

- Don't think the person just needs reassurance. You can reassure that you will get help
- Don't promise to keep the conversation confidential. There is limited confidentiality in life-threatening situations

If you need to get help for someone who is suicidal, get in touch with his commander or first sergeant; a chaplain; a community mental health agency or expert; a hospital emergency room, or the military police.

Remember that all persons who are at risk for suicide need help. It is always better to take action unnecessarily than to fail to take action. It is better that someone be embarrassed or angry with you than dead.

